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|  | REVOLVING FUND REQUEST ORDER & CHANGE FORM (Imprest Cash) OFFICE OF THE AUDITOR-CONTROLLER Pursuant to Government Code Section 29320, et seq. and the Board of Supervisor’s Resolution No. 74-156, complete and submit to the Auditor-Controller’s Office for approval. | SPM Form  AR - 1  (Policy #603)  Page 1 of 2  *(Submit all pages)* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | **Effective Date** |
| **Revolving Fund No.**  (To be Assigned if New) | **Fund No.** | **Dept. ID** | Custodian’s Name |  |
| **Warrant Made Payable To:** | | |  |  |
|  |  |  | Agency/Department/Special District Name  (**Note:** **Warrant will no longer be made to custodian’s name**) |  |

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| Departments/Agencies/Special Districts – *Indicate the type of request.* |

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|  | | Establish New Fund | |  | Increase Amount | |  | Reduce Amount |
|  | |  | |  |  | |  |  |
|  | | Change Custodian |  | Discontinue Fund |

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| **1** | Purpose – *Explain the reason for establishing/changing/discontinuing the fund.* |
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| **2** | **Establishing a Fund –** *Please answer the question below.* |

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| **Will there be a checking account needed to deposit the revolving fund check?** |  | **Yes** |  | **No** |

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| ***NOTE: If a checking account is needed, a copy of an approved Request to Establish Checking Account (SPM Form AP-5) must accompany this request before the revolving fund can be established.*** |

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| **3** | **Revolving Fund Details –** *Complete the areas that apply to your request.* |

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| A | Present Amount |  | Requested Change Amount |  | New Requested Amount |
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| **B** |  | **Issue a check drawn against the treasurer’s cash** |  | **Deposit check to treasurer’s cash** |

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| C | **ADD** | **REMOVE** | Print Custodian Name  (**Note: One custodian per revolving fund**) | Custodian’s Signature |
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| ***NOTE: When replenishing funds, the check can only be released to individual(s) listed on the ADM-3 form. Custodian must be included in the AP-6 and ADM-3 forms. Please attach forms to this request.*** |

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| --- | --- | --- | --- | --- |
|  | |  |  | **Effective Date** |
| **Fund No.** | Dept. ID Agency/Department/Special District Name | | |  |

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| Prepared By (Print Name) |  | Phone |  | Date |

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| --- | --- | --- | --- | --- |
| Department Head or Official’s signature | | |  | Date |
|  |  |  | | |
| Print Name of Official (Resolution and Code requirement) |  | Official’s Title (Resolution and Code requirement) | | |

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| Approvals | | | | | | | | | | | | |
| **AUDITOR-CONTROLLER** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| The above request, as presented, is Approved Denied | | | | | | | | | | | | |
| **Comments:** | |  | | | | | | | | | |  |
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|  |  | | | | | | | | | | |  |
|  | Principal Accountant, General Accounting Division – Signature | | | | | | | | | | |  |
|  | **Evangelina Gregorio** | | | | | | | | |  |  |  |
|  | Print Name | | | | | |  | | |  | Date |  |
|  |  | | |  |  | | |  | | | | |
| **TREASURER** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| The above request, as presented, is Approved Denied | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Comments:** | |  | | | | | | | | | |  |
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|  | Title – Signature | | | | | | | | | | |  |
|  |  | | | | | | | | |  |  |  |
|  | Print Name | | | | | |  | | |  | Date |  |
| Authorized Amount for Fund | | | Issued Check # | | | **Date Check Issued** | | | **Checking Account Approved**  **(If applicable, give approval date. Otherwise, show “N/A”)** | | | |
|  | | |  | | |  | | |  | | | |